

# Retroactive Eligibility Review

*Medicaid Advisory Committee*

Indiana Family and Social Services Administration  
Office of Medicaid Policy and Planning  
2019



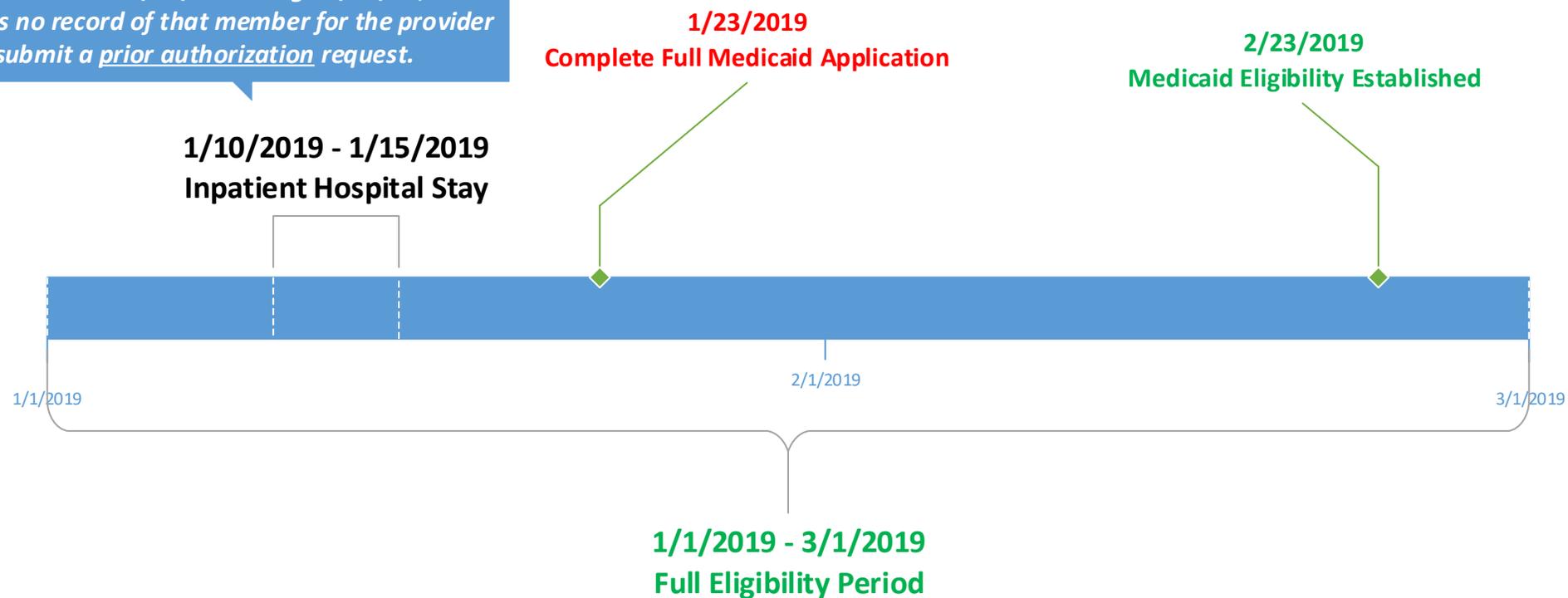
# Problem

- Indiana Medicaid wanted to review concerns from providers about unpaid reimbursement for inpatient hospital stays due to member retro eligibility.
- Two key paths for resolution:
  - Review of previous retro eligibility claims activity
  - Institute a new Fast Track eligibility authorization process



# Brief Example

**PROBLEM:** On 1/10/19 through 1/15/19, there was no record of that member for the provider to submit a prior authorization request.



# Previous Claims Analysis



# Hospital Activity

Hospital/Health System	Current Status
IU Health	Complete
Memorial Hospital	Complete
Eskenazi	Complete
Franciscan Alliance	Complete
Goshen	Complete
Clark Memorial	Complete



# Process Steps

1. Request specific examples from hospital/health systems
2. Review individual members from retro eligibility status
3. Request information from hospital/health system on steps taken
4. Request MCE review of same individuals/claims
5. Document results



# Issue Categories

The MCEs were asked to review all information and assign a category for each claim/authorization reviewed:

1. Wrong MCE
2. No Prior Authorization Request Submitted
3. Prior Authorization Denied, Lack of Medical Necessity, No Appeal Filed\*
4. Prior Authorization Denied, Lack of Medical Necessity, Appeal Filed, Appeal Lost
5. Claim Denied, Past Timely Filing, No Appeal Filed
6. Claim Denied, Past Timely Filing, Appeal Filed, Appeal Lost
7. Claim Denied, Member Not Eligible, No Appeal Filed
8. Claim Denied, Member Not Eligible, Appeal Filed, Appeal Lost
9. Claim Denied, Other System Reason
10. Claim Will Be Reprocessed
11. Claim is Under Review
12. Claim Paid (No Issue or Appeal Won)

# All Hospital Systems

Category	Charges
No Prior Authorization Request Submitted	\$ 13,043,684.54
Claim Paid (No Issue or Appeal Won)	\$ 5,033,260.78
Claim Will Be Reprocessed	\$ 3,548,408.03
Claim Denied, Past Timely Filing, No Appeal Filed	\$ 1,514,670.82
Claim Denied, Other System Reason	\$ 1,460,407.80
No Reason Code Assigned	\$ 982,442.78
Prior Authorization Denied, Lack of Medical Necessity, Appeal Filed, Appeal Lost	\$ 782,696.82
Claim Denied, Member Not Eligible, No Appeal Filed	\$ 375,487.80
Claim Denied, Past Timely Filing, Appeal Filed, Appeal Lost	\$ 340,751.77
Prior Authorization Denied, Lack of Medical Necessity, No Appeal Filed*	\$ 13,491.25
Wrong MCE	\$ 10,239.45
<b>GRAND TOTAL</b>	<b>\$ 27,105,541.84</b>



# Major Takeaway

The MCEs had processes for retro authorization:

- Utilizing the appeals/disputes process

**There's still the need for a clear path forward for retro authorization.**



# Fast Track Eligibility Process



# Fast Track Eligibility Process

- Healthy Indiana Plan does not offer retro eligibility.
  - However, members who make a \$10 Fast Track payment may reserve their eligibility spot with coverage back to the first of the month in which payment was made.
  - Issue: no member eligibility on the date of service meant no prior authorization could be provided
- **Solution: New Fast Track Eligibility Process**



# Updates on Progress

Managed Care Entity	Individuals Utilizing the Fast Track Notification Form	Individuals Completing the Full Eligibility Notification Form
Anthem	843	353
CareSource	123	46
MDwise	127	27
MHS	191	121

